

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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	OMB APPR	OVAL
	OMB Number:	3235-0076
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	hours per respon-	se16.00

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Name of Offering ( check if this is an amendment and name has changed, and indicate change/) \$6,000,000 common stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE  Type of Filing: New Filing Amendment	06048528
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
SOC Resources, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number 6277 Seastar Drive, Malibu, CA 90265 310-924-1053	r (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number and Street, City, State, Zip Code)  1631 17th Street, Bakersfield, CA 93301  Brief Description of Business	er (Including Area Code)
Drilling and operating of gas and oil wells	DDAACCC
Type of Business Organization  Corporation   limited partnership, already formed   other (please specify)   business trust   limited partnership, to be formed	OCT 0 3 2006
Month Year  Actual of Estimated Date of Incorporation or Organization: 0 4 7 4 Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To Ede: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Ultra Oil, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 6277 Seastar Drive, Malibu, CA 90265 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director. General and/or Managing Partner Full Name (Last name first, if individual) Dmitri Novikov Business of Residence Address (Number and Street, City, State, Zip Code) 6277 Seastar Drive, Malibu, CA 90265 Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) **Daniel Schein** Business or Residence Address (Number and Street, City, State, Zip Code) 2160 Century Park East, Apt. 412N, Los Angeles, CA 90067 ☑ Executive Officer Check Box(es) that Apply: Beneficial Owner Promoter Director General and/or. Managing Partner Full Name (Last name first, if individual) William K. Hogan Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Fourth Street, San Rafael, CA 94901 Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 1631 17th Street, Bakersfield, CA 93301 Executive Officer Check Box(es) that Apply: General and/or Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. 1	NFORMAT	ION ABOU	T OFFERI	NG:			r Pari	Awar San
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No <b>⊠</b>			
	Answer also in Appendix, Column 2, if filing under ULOE.								Ewy	ED.			
2.										\$ 3,000,000.00			
<b>3</b> .										Yes	No ISS		
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4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful	l Name (	Läst name	fīrst, if indi	vidual)			<b>\</b>						
Bu	siness or	Residence	Address (N	umber and	d Street, C	ity, State, 2	Lip Code)					·	
							•						
Na	me of As	sociated B	roker or De	uler									
Sta	tes in W	nich Person	1 Listed Has	Solicited	or Intends	to Solicit	Purchasers	<b></b>				·	<del>4/2:</del>
	(Check	"All State	s" or check	individual	l States)			•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ng a na gana dan ana kab		.∏.Al	1 States
	AL.	AK	AZ	AR	CA	CO	CT	DE	DC	[FL]	GA	HI	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	<u>[MT]</u>	NE	NY	NH	NJ	NM	NY	NC	MD	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	(VI)	VA	WA	$[\overline{WV}]$	WI	WY	PR
Ful	l Name (	Last name	first, if indi	vidual)									A
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code).				- Control of the Cont		
Na	me of As	sociated B	roker or De	nler				<del></del>					and the second s
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)	(K) E # 9 K K K K K K K K K K K K K K K K K K	••••			***************			l States
	[AL]	[AK]	AZ	[AR]	[CA]	(CO)	CT	DE	DC]	FL	GA		[ID]
		IN	IA	KS	KY	I.A.	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK]	OR	PA
	RI	SC	[SD]	TN	TX	<u>UT</u>	[VT]	VA	WA	[WV]	WI	<u>[WY]</u>	PR
Ful	l Name (	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (1	lumber un	d Street, C	ity, State,	Zip Code)	· · · · · · · · · · · · · · · · · · ·				<u>"- ay bamula .</u>	
Na	ine of As	sociated B	roker or De	aler				<del></del>		V			
Sta	tes in Wi	ich Persor	Listed Hus	Solicited	or Intends	to Solicit	Purchasers						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  All States									l States				
	[AL]	[ĀK]	$[\Lambda Z]$	[AR]	CA	CO	[CT]	DE	DC	FL	GA]	[H]	
				KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM NE	NY	NC	ND	OH	OK)	OR	PA
	RI	SC	(SD)	TN	TX	UT	VT	VA	WA	[WV]	WI	$\overline{\mathrm{WY}}$	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	•	S
	Equity		****
	Common Preferred	·2 - 414 - 414 - 614	3_0,000,000.00
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	2	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 6,000,000.00
	Non-accredited Investors		S
	Total (for filings under Rule 504 only)	······································	S
	Answer also in Appendix, Column 4, if filing under ULOE.		
3,	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	ĺ	\$
	Regulation A		\$
	Rule 504		5
	Total commence of the contract		S 0.00
4	a: Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	3	wint the last his and his better approximation of
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		5
	Accounting Fees		\$
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	,	\$
	Total		\$ 0.00

u	Enter the difference between the aggregate offer nd total expenses furnished in response to Part C— proceeds to the issuer."				S; 6,000	00.000,
6	ndicate below the amount of the adjusted gross pro- ach of the purposes shown. If the amount for an theck the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross				
			Γ	ayments to Officers, Directors, & Affiliates	•	nents to hers
Š	Salaries and fees		$\exists s$		s	
ī	Purchase of real estate		S		S	
ä	Purchase, rental or leasing and installation of mac and equipment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(	Construction or leasing of plant buildings and fac	lities[	ŢŞ		<u></u> <u>S</u>	
c	Acquisition of other businesses (including the val ffering that may be used in exchange for the assessiver pursuant to a merger)	ts or securities of another	¬.s		ſ□ \$	
	Repayment of indebtedness	. <del>-</del>				
	Vorking capital	•				
(	Other (specify): repurchase of shares		_ .7 \$	2,000,000.00	s	
			s	:		**************************************
(	Oftonin-Totals	· · · · · · · · · · · · · · · · · · ·	<b>S</b>			
, קר	oral Payments Listed (column totals added)					_
		D. FEDERAL SIGNATURE				
signa	suer has duly caused this notice to be signed by the ture constitutes an undertaking by the issuer to fur formation furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commis	sior	i, upon written		
	(Print or Type).	Signature & Squal I	Date	0 21	210	
	Resources, Inc.	- <del>`</del>		9.21.	UU	
	of Signer (Print or Type)	Title of Signer (Print or Type)				
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intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)